

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10627865 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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